

CIMRS Workgroup Meeting
December 4, 2007

1. Welcome and Introductions
2. EVALUATION FEEDBACK FROM THOMSON HEALTHCARE: Karen provided an update of consultation received from Thomson Healthcare regarding progress of the goal. Recommended that the time frames be updated and that activities be broken down in to tasks to develop a system that is workable for the state. Consultant requested that she be included on email exchanges so that she can be kept up to speed on group activities, progress, and deliverables. She will also participate in workgroup meetings on a quarterly basis. Some concerns were expressed that activities are a bit behind schedule and the consultant recommended that the team concentrate on getting back on track.
3. SCHEDULE STANDING MEETINGS: Recognition that GA session makes it difficult over the next few months, but it will make ongoing work more productive to have standing meetings. Everyone agreed to meet on the fourth Thursday of each month, January through June, starting at 1:00 PM and ending by 4:00 PM. Dates are: January 24, February 28, March 27, April 24, May 22, and June 26.
4. REVIEW OF COMMON DEFINITIONS PROVIDED BY AGENCY (Handout): Discussion of concerns related to trying to develop common definitions. Code changes would be difficult and federal regulation changes would be near impossible. Most of the definitions on the main categories (abuse, neglect, exploitation) are already very close in intent. It was also discussed that code requirements for reporting to DHP have not been included and don't fit into some of the things that are being collected by other agencies. Point was made that the CIMRS is to concentrate on home and community based services provided through Medicaid waivers. Explanation of intent of STG project. Discussion occurred regarding need for it to be ONE system - not just reporting for Waiver recipients - so that the provider community can enjoy consistency, as well as ease of access to information by agencies receiving reports. Questions to consider:
 - a. Who this applies to? Define/limit scope.
 - b. Deciding on commonalities needed for use by various agencies of the data after it is uploaded by providers
 - c. Possibility of including DOE
 - d. Narrowing definition of deaths to "other than natural?"
Consideration of "suspicious" death

- e. Include reporting for facilities in addition to community-based providers?
- f. Inclusion of "other" category in this system?

Agreement was made that primary the agencies are DMHMRSAS, DSS, and VDH. Suggestion was made to tier the agencies as we work through this project. Lots of questions regarding involvement of DHP.

- g. Linking portal to list of professions licensed by DHP
- h. Make sure we differentiate between the verbal "report" made on the incident and the written "report" generated

Additional discussion held regarding scope and need for it to go beyond just reporting (ability for data analysis, identification of trends, etc.). Suggestion made to compartmentalize our work to start with deaths and serious injuries and add the other incidents in the coming months.

There was an attempt at demonstration of South Dakota system, but access failed. Karen shared information on Ohio and New Mexico's systems. Ohio's is "homegrown" and can be shared with other states. NM's system is proprietary.

Need to find out how and when DHP notifies DMAS the revocation of a professional's license. VDH will also check on the data collected with its agency and if it contains any information about Medicaid.

Discussion of what is reported regarding outcomes of incident investigations. Founded and unfounded terms are used for A/N/E for DSS, DMHMRSAS, and VDH. Outcome terminology for other incidents are trickier, as well as the myriad of outcomes used by VDH.

5. NEXT STEPS:

- Determine agencies best involved
- Send out critical incidents that were confirmed
- Send out documents for verification of correctness
- Further investigate other states' systems
- Time line will be updated and shared with group via email for review

NEXT MEETING: JANUARY 24TH; 1:00 PM - 4:00 PM; LOCATION TBA